



Services in Wisconsin

2000 Annual Report

Department of Health and Family Services
Division of Supportive Living
Bureau of Substance Abuse Services
December 2001

Future Directions

- **Chapter HFS 75 Community Substance Abuse Service Standards Promulgated**
HFS 75, the revised Substance Abuse Standards were promulgated and became effective August 1, 2000. The major changes include clinical supervision, uniform placement criteria, a new taxonomy of services, and narcotic treatment service. (Page 27)
- **Expanded Services for Women and Families in Key Areas Throughout the State**
Through the Statewide Urban/Rural Women's AODA Treatment project, funding for eight women and family-centered treatment programs have expanded services in key underserved areas throughout the state. Services include gender-responsive treatment in the rural northwest, rural north central, west, south central, east, and rural east regions. This program design includes twelve core values in the treatment approach. (Page 9)
- **The Milwaukee County Family Services Coordination Initiative**
The Initiative, established in October 1999, developed and published a series of training modules titled, "Meeting the Challenge of Cross Systems Coordination for Milwaukee Families in 2000." This system of service delivery is based on the concept of wraparound and core value approach. Also completed was the evaluation report of the project titled, "A Framework for Systems Change: Evaluation of The Milwaukee Family Services Coordination Initiative." (Page 12)
- **Five Program Reviews Conducted in 2000**
County system and provider reviews were completed in Langlade/Lincoln/Marathon, Portage, Sawyer, Vernon, and Waushara counties. These reviews will assist in both state and county identification of technical assistance needs as well as showcasing existing exemplary results. (Page 28)
- **Teleconference Training Series**
The Bureau of Substance Abuse Services provided updated Research to Practice information through its monthly Teleconference training series. Statewide audiences received information based on the latest research and practice for assessment of elderly clients, medication, neurobiology of addiction, working with families, behavioral and talk therapies, and suicide and addiction. (Page 28)
- **New Consumer Initiative Participation Launched**
At the end of 2000, a new consumer initiative was formed with the goal of providing education and training for consumers, their families, and others interested in participating in the Initiative. The mission of the Initiative is to encourage self-identification and participation of those persons who are in recovery from addictions to speak out for the purpose of combating stigma and to participate as partners in treatment and recovery decisions, county program reviews, membership in councils and work groups. (Page 5)
- **Research to Practice Initiative Chosen as National Case Study**
The Division of Supportive Living/Bureau of Substance Abuse Services held a Research to Practice Symposium for 60 invited addiction researchers, educators, clinicians, and public policy makers in the spring as a statewide kickoff for the Bureau's Research to Practice Initiative. This initiative was chosen as one of a small number of national case studies in addiction technology transfer by the national Addiction Technology Transfer Center. (Page 29)

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Future Directions

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Substance Abuse Services in Wisconsin 2000 Annual Report

This report was prepared by the Bureau of Substance Abuse Services in the Department of Health and Family Services' Division of Supportive Living. Final data for the year 2000 was received in late summer of 2001.

The Bureau also wishes to thank the Office of Strategic Finance for their suggestions. Individual program contributions were submitted by Bureau of Substance Abuse Services staff, and the editors wish to thank them for their assistance.

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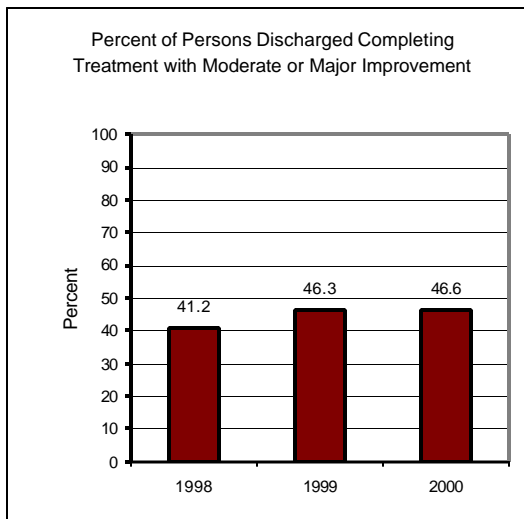
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Performance Scorecard

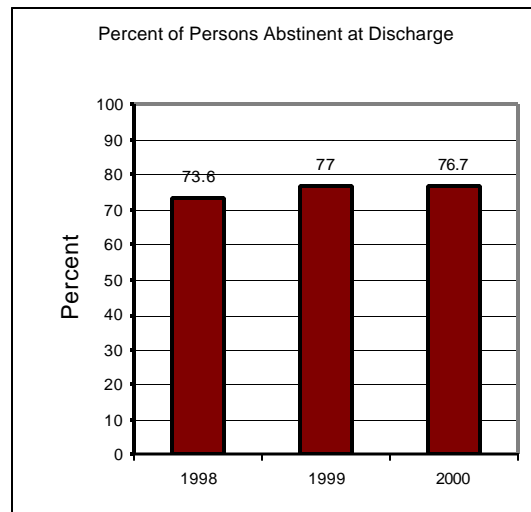
Substance Abuse Services Program

The substance abuse services program provides residential and outpatient treatment services for persons with substance use disorders who do not have health insurance. Services are paid for in part or entirely with public funds called Community Aids. This program is administered and operated through a state-county partnership. The total number of persons receiving treatment services under this program for the most recent three-year period was 24,838, 23,509, and 22,019 for 1998, 1999, and 2000 respectively. These data are projected from an 81 percent sample of records. Because Milwaukee and Walworth counties have not yet begun reporting in this format, data from those counties are not available for this report. It is important to note that these data are provisional until all counties are reporting.

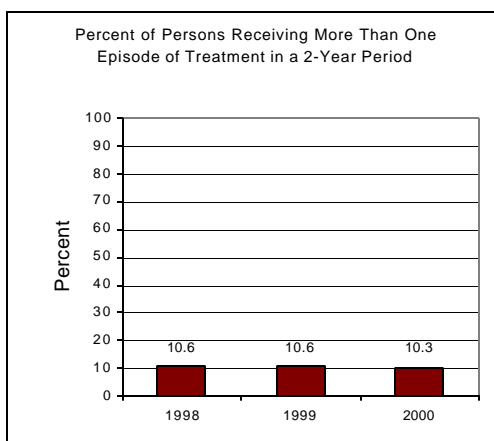
More people successfully completing treatment



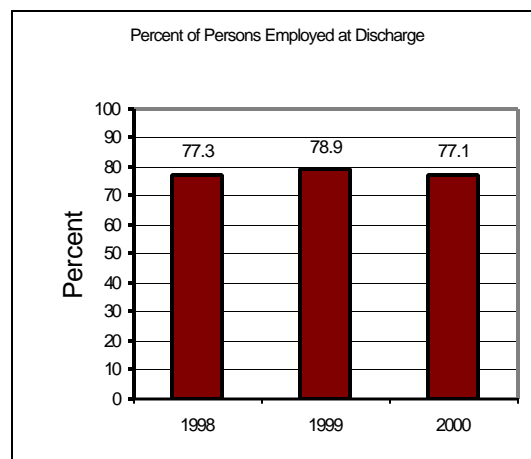
More people maintaining abstinence at discharge from treatment



Fewer people receiving multiple episodes of treatment in a two-year period



More people employed at discharge from treatment



Forward

Federal and State Authority

The Department of Health and Family Services (DHFS) is designated by the Governor to administer federal Substance Abuse Prevention/Treatment (SAPT) Block Grant funds, and the Department designates the Division of Supportive Living (DSL) as the state agency responsible for administration of the block grant program. DHFS is also responsible for administration of state/county community aids for substance abuse and manages various state legislative mandates related to substance abuse.

The Division of Supportive Living's Bureau of Substance Abuse Services (BSAS) serves as the focal point for the day-to-day administrative, management, planning, program, fiscal, and coordination responsibilities for substance abuse programs. Data for this report is collected through the Department's Human Services Reporting System (HSRS), which receives information via quarterly reports from the agencies under contract for funding. Several tables (Intoxicated Driver Program on page 7, and the Performance Scorecard) use three-year comparative data.

State statutory authority for substance abuse programming is covered under Chapter 46 and Chapter 51, Wisconsin Statutes.

The Department of Health and Family Services (DHFS) is mandated by the Wisconsin Legislature under Section 51.45(4)(p), Wisconsin Statutes, to prepare and submit to the Governor, an annual report on the treatment of alcoholism. This report describes the substance abuse intervention and treatment programs administered by the Division of Supportive Living's Bureau of Substance Abuse Services and funded through the Department of Health and Family Services with state and federal funds. It excludes prevention activities carried out in the Division of Children and Family Services.

Community Substance Abuse Service Standards

Chapter HFS 75, Wisconsin Administrative Code, is promulgated under the authority of Section 46.973 (2) (c), 51.42 (7) (b) and 51.45 (8) and (9), Stats., to establish standards for community substance abuse prevention and treatment services under Section 51.42 and 51.45, Stats. Sections 51.42 (1) and 51.45 (1) and (7), Stats., provide that a full continuum of substance abuse services be available to Wisconsin citizens from county departments of community programs, either directly or through written agreements or contracts that document the availability of services. This chapter applies to each substance abuse service that receives funds under Chapter 51, Stats., is approved by the state methadone authority, is funded through DHFS as the federally designated single state agency for substance abuse services, receives substance abuse prevention and treatment funding or other funding specifically designated for providing services under Chapter HFS 75.04 to 75.15 or is a service operated by a private agency that requests certification by the Department of Health and Family Services.

Programs and Funding

The following chart illustrates overall substance abuse funding through the Department of Health and Family Services for State Fiscal Year July 1, 1999 to June 30, 2000 and includes state general program revenue, program revenue and federal funding sources.

PROGRAM NAME	1999-2000 Funding Levels
Community Aids.....	\$44,066,100
Injection Drug Use Outreach, Intervention, Treatment & Prevention.....	2,383,600
Neighborhood Drug Use and Violence Prevention Program.....	1,200,000
Juvenile Justice Pilots	1,340,000
Treatment Alternatives Program.....	937,600
In-Home & Community-Based Treatment for Minorities	200,000
Services to Persons in Treatment	250,000
WI Alcoholism & Drug Counselor Certification Board.....	121,500
WI Women's Education Network.....	60,000
SA Program for Women	235,000
Minority SA Counselor Training	283,000
Adolescent SA Treatment Center	50,000
Community SA Education Program.....	125,000
Multi-Disciplinary Prevention & Treatment for Cocaine Families	800,000
Capacity Building for Treatment Programs	305,000
Community SA Primary Prevention Program.....	500,000
Synar Compliance	74,000
Urban/Rural Women's SA Block Grants	2,167,900
HIV Prevention and Case Management.....	149,000
Prevention Resource Center.....	390,000
High-Risk Youth Inner-City Project.....	428,600
Family Preservation and Family Support	306,900
Wisconsin Regional Teen Institutes	200,000
Law Enforcement Partnership	165,600
Technical Assistance to Counties	88,300
Meta House Family Care Project	750,000
Kenosha County Capacity Expansion Grant.....	356,300
State Demand and Needs Assessment Contract	36,300
Substance Abuse Services Information System.....	72,600
Medical Assistance.....	3,468,400
Training for SA Workers	25,000
Treatment for Deaf and Hard of Hearing Persons	125,000
Human Resource Training Coordinator Position	62,300
Program, Planning, Evaluation, and Monitoring Position	87,300
Funding Development Specialist Position.....	67,500
Program Support Coordinator.....	65,700
Bureau of Substance Abuse Services Director.....	44,000
Alliance for a Drug-Free Wisconsin	280,400
High Risk Youth Tribal Prevention.....	409,700
Native American SA Education & Treatment Programs	500,000
Native American Parenting Education & In-Home Counseling.....	468,900
Tribal Parenting Education and In-Home Counseling	200,000
Services for Hispanic Persons	248,200
Healthy Beginnings.....	175,000
Career Youth Development Center.....	110,000
Prisoner Reintegration Program.....	125,000
Group Home Loans	100,000
Intoxicated Driver Program.....	1,000,000

Community Options Program	208,100
Gemini Program.....	1,210,100
Anchorage Program.....	998,400
Great Lakes Addiction Technology Transfer Center.....	30,000
Substance Abuse Services Grants for Milwaukee County	2,500,000
DHFS SA Staff Support Costs	1,303,600
Department of Corrections.....	1,649,200
Community Job Training Program.....	250,000
TOTAL	73,749,100

Community Aids

Community aids are state and federal funds that are distributed by the Department to counties on a calendar year basis to support community mental health, developmental disabilities, substance abuse, and social services for the uninsured and underinsured. The majority of community aids funds are allocated to counties through the basic county allocation, which is a population-based formula matched by county/local property tax funds. Within the limits of these available state, federal and county funds, counties provide the following services: collaborative and cooperative prevention services; diagnostic, evaluation and assessment services; emergency, inpatient, residential, partial hospitalization, and outpatient services; research and staff training; and continuous planning, development, and evaluation of programs.

In 2000, counties reported expending \$44,066,100 in community aids for AODA clients. The Bureau of Substance Abuse Services, in cooperation with the Division of Supportive Living's Information Systems Section, maintains a substance abuse services data set that contains a sample of about 81 percent of clients served under community aids funds. (81 percent sample means that the data covers 81 percent of the clients treated. Because Milwaukee and Walworth counties have not yet begun reporting in this format, their data are not available for this report.)

Substance Abuse Prevention and Treatment (SAPT) Block Grant

One federal source of funds under community aids is the SAPT Block Grant. The federal Substance Abuse and Mental Health Services Administration granted the Department \$24,837,927 for state fiscal year 2000. Of this amount, (a) \$11,318,700 was distributed to counties through community aids; (b) \$10,939,574 was provided to counties, tribes, staffing, or other community-based organizations for substance abuse programs; and (c) \$1,649,200 was transferred to the Department of Corrections to provide substance abuse services to correctional populations. Counties are required to minimally target 35 percent of the funds for individuals with alcohol abuse, 35 percent for drug abuse, 20 percent for prevention, and 10 percent for pregnant women and women with dependent children.

Substance Abuse Treatment

Statement of the Problem

Alcohol and other drug abuse (substance abuse) is a significant health, social, public safety and economic problem. Each year in Wisconsin, there are over 2,160 deaths, 2,400 substantiated cases of child abuse, 8,500 traffic crashes resulting in 6,800 traffic injuries and 90,000 arrests, and economic costs totaling \$4.6 billion, all attributed to substance abuse. Thirty-two percent of offenders booked into jail and nearly 65 percent of prison admittees have substance abuse problems. Alcohol and other drug abuse is the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke, and it is the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer. There are an estimated 403,000 adults and 40,300 adolescents in need of treatment for substance use disorders, and yet surveys indicate that only 21 percent of those in need of treatment receive it. This is due primarily to the lack of awareness that a disorder exists. Studies have shown that substance abuse treatment is as effective as treatments for illnesses such as hypertension, diabetes, and asthma; about 30-50 percent complete regimens of treatment and 30-80 percent suffer a reoccurrence of the illness (relapse). Despite the magnitude of the problem, numerous studies conclude that each dollar invested for substance abuse services yields a return of seven dollars.

Reference Note: McLellan, A. Thomas, et.al. (1995), "Is Treatment for Substance Dependence Worth It?" In Training About Alcohol and Substance Abuse for Primary Care Physicians, Josiah Macy Foundation, New York.

Outcomes of Treatment in Wisconsin

While there are several hundred treatment centers in Wisconsin, four of them published the results of extensive post-discharge outcomes among their client populations during 1998. Due to the additional expense of contacting clients after discharge, seed funds from the Bureau of Substance Abuse Services were used to finance studies with the Jackie Nitschke Center, Green Bay; Directions Counseling Center, Watertown; Winnebago County Department of Community Programs, Oshkosh; and the Lawrence Center, Waukesha. The composite results of the patient surveys (n=428) taken at six months post-discharge found the following:

- 86 percent of clients were satisfied with the services they received
- 60 percent were abstinent from alcohol and drugs
- 71 percent were employed
- 57 percent were attending support group meetings
- 89 percent had no further contact with the criminal justice system

A project to measure treatment outcomes involving 15 treatment centers began in 1999. Results are expected in 2001. It should be noted that outcomes decline somewhat when measured after discharge as compared to at discharge.

The Wisconsin Consumer Initiative on Addiction and Recovery



Early in year 2000, the Bureau of Substance Abuse Services (BSAS) instituted a formal planning strategy for consumer participation in all issues and initiatives relating to the services administered by BSAS for its target population--those individuals impacted by the use, abuse, and dependence on alcohol and other drugs, tobacco, and compulsive gambling. The Initiative is broken down into two parts as outlined below:

- ***“Full Consumer Participation in Treatment,”*** envisions full inclusion of consumers and their affected families (as defined by the Division of Supportive Living and the “core values”) in decisions involving the consumer in the design and management of their own treatment. This would include involvement in their treatment plan and active participation in treatment to include any affected family member or significant other. An evaluation

process has been developed to measure the effectiveness of consumer participation in treatment outcomes. The women’s treatment projects in this report included participation of consumers and their defined families in treatment planning through adherence to the 12 core values (see Page 9).

- ***“Recovery Opens New Horizons,”*** is an initiative to engage individuals who may or may not have been in the public treatment system but have achieved some stability in their own recovery, as well as their families, to come together as part of a recovery movement. The vision of this movement is to eliminate the stigma inherent in addiction through recognition that addiction is a disease not a moral issue. The Recovery Movement encourages putting a face and voice to recovery, talking to others in the community or writing articles, advocating for rights of the consumer through planning, policy, and participation on state or county planning councils or independently in activities of their choice. The goals and activities include illustrating that treatment for addictions is effective and recovery happens every day, and speaking up as individuals who have experienced the effects of their illness, experienced treatment and education, and now lead lives of value to themselves and their community through recovery. There were two meetings held in 2000 of this group, which began with 15 core consumers and increased to 25 by the second meeting. Significant work will be done in 2001 relating to participation in activities to further the vision and goals of the Initiative.

Putting a Face and Voice on Recovery

Following are two examples of the positive impact of treatment for substance use disorders in Wisconsin.

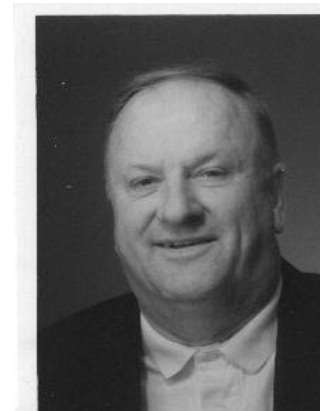


Lana White is a single mother of five children. She works full-time and is in recovery for addiction. One morning she woke up and found herself eating a bowl of cereal with beer cans crowding the table. Remembered arguments and smells of a night of drug and alcohol use lingered in the air. A man she had never seen before was passed out on the floor next to the table. Lana grew up in an alcoholic family where her parents divorced but her mother always found a new drinking partner, which resulted in abuse of all kinds, including her mother actually assisting Lana in a suicide attempt by practically putting medication in

her mouth. Lana says she is wiser because of all the pain she went through. She is a strong Native woman who attends 12-step meetings and cares for her family. Her father will be celebrating 20 years of sobriety. Lana says, “keeping my head above water is a little difficult at times by myself. But with God and all the sober people, I can live. Thank you.”

[More of Lana White’s story is available on the Video Presentation, “Many Voices, One Journey,” Wisconsin Women’s Education Network on Addiction and Recovery, (608) 265-2679.]

Al Buss had his first auto accident when he was 19. “I went through the windshield, got 150 stitches in my face,” Al recalls. He was drunk at the time. In 1973, a diving accident while drunk changed his life; he broke his neck and became wheelchair-bound as a quadriplegic. After seven more years of drinking, Al asked for help. “In 1980, I came to Madison for some tests. The doctor asked if there was anything else I needed to talk about and I said, ‘yeah, I drink too much.’ It was the first time I ever said anything about it.” That doctor referred Al to assessment, and he entered a 28-day inpatient treatment program.



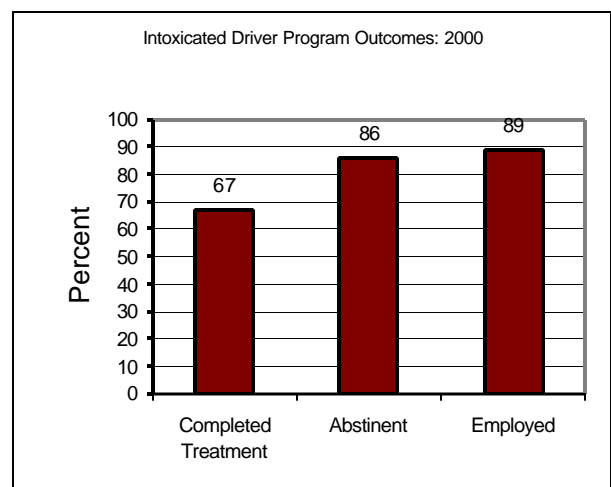
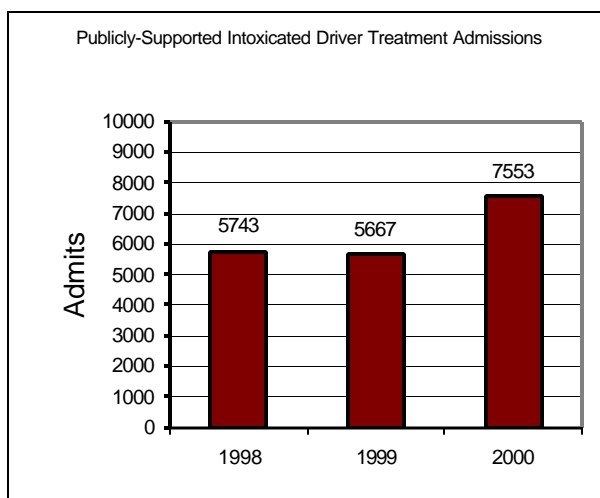
Al credits his professional work experiences being a large part of his ongoing recovery. “My involvement with the substance abuse community through my work, on an ongoing daily basis, works for me,” he says. “And, I let everybody know that I am in recovery. All my friends [and co-workers] know. I haven’t found a person yet who has been negative because I am a face for recovery.” Al uses the personal story of his disability and his recovery to raise public awareness of the two issues. He talks to kids about the role of alcohol in disabilities—that 90 percent of head injuries are alcohol-related and 80 percent of spinal cord injuries as well. For 15 years, Al worked for the State Bureau of Substance Abuse Services and helped develop programs for people with substance abuse and a disability. Life is full of fateful changes. Al will tell you that the most important chance events of his life were breaking his neck and becoming aware of what he had taken for granted, when he went to treatment and found out what he had really missed. In 1986, he teamed up with his life partner, Sharon. “Today,” he says, “Life is good.”

[Al Buss is past president of the Wisconsin Alcohol, Drugs, and Disabilities and lives in Oregon, Wisconsin.]

Intoxicated Driver Program

Established in 1982 to abate the growing intoxicated driving problem through treatment and education, this program is funded by a driver improvement surcharge assessed against every convicted intoxicated driver. County treasurers retain 61.5 percent of the current \$345 surcharge to help cover the cost of treatment services. In addition, the Department is allocated \$1,000,000 from this fund each year for emergency grants to counties that need the revenue to cover treatment costs that exceed available local surcharge funds. In 2000, 20 counties received emergency funding. The total annual funding for the intoxicated driver program is over \$8.6 million.

About 35,000 persons are convicted of intoxicated driving each year. While all of these persons are court-ordered to receive a substance abuse assessment from a designated county agency, about 50 percent are referred to education services in driver safety (provided at technical colleges) and 50 percent are referred for private or publicly supported treatment. The chart at the bottom left shows the number of persons receiving publicly funded treatment under this program for the most recent three-year period in counties who report IDP data. The increase in 2000 is due, in part, to the inclusion of data from Dane and Wood counties for the first time.



There are three outcomes associated with this program area, namely, completion of treatment, abstinence from mood altering substances, and employment. The chart at the right presents the proportion of clients who completed treatment and were abstinent and employed at discharge.

Injection Drug Use Street Outreach Program

The purpose of intervention programs such as the Street Outreach Program is to identify drug users and help them stop using drugs. The primary focus is to actively seek Injection Drug Users (IDUs) not in treatment, provide information on needle-sharing and sexual transmission of HIV disease, and provide assistance by referring clients to available services. The AIDS Resource

Center of Wisconsin (ARCW) and the Wisconsin Division of Supportive Living have developed a comprehensive drug intervention program. The program works to reduce or eliminate drug use while providing important preventive information on HIV and hepatitis B and C.

Funding from this partnership supports six ARCW outreach workers who, on a daily basis, work with substance users. The first of many steps in this intervention program is developing a relationship of trust with clients through ongoing contact with substance users in a range of settings. These settings include drug treatment centers, methadone clinics, detoxification centers, correctional facilities, drug houses and shelters, and other locations where individuals who use drugs or who have a drug-using partner congregate. In 2000, ARCW staff made over 28,000 contacts with substance users. Through work with the outreach staff, 112 substance users were referred to or provided drug treatment in 2000.

The next step employs a harm reduction strategy to begin to help substance users assess their individual situation and offer education related to prolonged drug use and HIV and hepatitis C prevention or treatment. All outreach efforts are client-centered and focus on establishing goals for the individual to move toward treatment and eventually sobriety.

The following table illustrates the numbers of injection drug users and AIDS cases in 2000.

Injection Drug Users and AIDS Cases in 2000		
County	#Injection Drug Users	#AIDS Cases
Milwaukee	4337	2257
Dane	1454	590
Waukesha	1260	112
Brown	788	152
Racine	778	140
Rock	627	112
Kenosha	553	140
LaCrosse	409	71
Walworth	321	43
Eau Claire	354	50
Total	*10,881	**3,667
* 51.46% of the 21,144 Total # IDUs statewide		
**78.66% of the 4,662 Total # AIDS cases statewide		

Sources: Wisconsin Task Force on IV Drug Abuse and AIDS; Bureau of Health Information.

Substance Abuse Programming for Women, Pregnant Women and Women with Dependent Children

Implementation of Core Values

In year 2000, the Department of Health and Family Services, in cooperation with the Department of Workforce Development, administered a new statewide substance abuse treatment initiative for women and low-income individuals. Projects developed with alcohol and other drug abuse (AODA) and Temporary Assistant for Needy Families (TANF) AODA grant funds from the 1999-2001 biennial budget were charged with meeting the special needs of women and low-income individuals with problems resulting from alcohol and other drug abuse. This was accomplished by emphasizing parenting education, vocational and housing assistance, and coordination with other community programs while providing treatment under intensive care. The new treatment approach incorporated and implemented twelve core values into the program design. These core values are:

- collaboration across funding
- team approach across agencies
- family-centered
- self-sufficiency
- consumer involvement in all aspects of the program
- gender/age/culturally responsive
- strong work focus
- strength-based
- builds on natural and community support
- provides growth that encourages learning
- outcome oriented
- unconditional care

▪ Statewide Urban/Rural Women's AODA Treatment

Pursuant to S. 46.86(6) and S. 47.175(1)(zd), Wis. Stats., issuance of the Request for Proposal (RFP) in 1999-2000 funded eight women-specific family-centered treatment programs and allowed for the expansion of specialized services for women and children in key areas throughout the state that did not exist prior to these grants. The grants provide gender-responsive treatment services in the rural northwest, rural north central, west, south central, east, and rural east parts of the state. These grants all utilize a relational/cultural model that addresses the psychological development of women and their relationships that are necessary for effective treatment and recovery planning. Following is a list of the eight contracts and a summary of activities for 2000.

- ***Integrated AODA & Work Services for Women and Their Families in Dane County***
Dane County Department of Human Services

Through a subcontract between Dane County and ARC Community Services, Inc., ARC is now able to increase services to those working, involved in community service jobs and those needing post-placement support for their recovery in order to remain employed. Tellurian, Inc., ARC's subcontractor, developed a six-bed Family Transitional Unit to provide safe, AODA-free housing for women and their children while they are enrolled in women-specific AODA treatment.

- ***Fond du Lac Women's and Children's Services***

ARC Fond du Lac, Fond du Lac County

ARC Fond du Lac provides a women-specific day treatment program. The project offers a five-day a week treatment program with on-site therapeutic childcare services and intervention/prevention services to children through a combination of onsite services and collaborative service delivery.

- ***Beacon Continuing Care***

Fond du Lac County Department of Community Programs

Through a subcontract between Fond du Lac County and Beacon, Beacon enhanced its current programming by providing continuing care, outpatient treatment services, couples therapy group, wilderness retreats, and a second stage recovery group. All services address the specialized needs of women on a comprehensive, wraparound, family-focused treatment model.

- ***Women's Recovery Journey***

Family Services of Northeast Wisconsin, Inc., Brown County

In developing this new program, Family Services followed in the long tradition of collaboration and contacted several community agencies gathering commitment to work with agency staff in identifying eligible clients, providing training to staff, and providing resources to program participants. The program is both culturally and gender-sensitive and is designed specifically to meet the unique issues related to women who abuse chemicals and their families. The services offered are on a continuum of care and include treatment, education, in-home detoxification, if appropriate, childcare, and transportation. A care coordinator is assigned to each participant to assure that the multiple programs involved for each client are coordinated, and that all needs, including the AODA needs, are met.

- ***Women's Way***

Lutheran Social Services of Wisconsin and Upper Michigan, Inc., Eau Claire County

The emphasis of program services includes substance abuse services, parent education, vocational training, assistance with housing, and coordination with other community programs and treatment services. The project serves women from Eau Claire, Chippewa, and Dunn counties on probation/parole, with significant substance abuse problems. The project also serves women who are at risk of offending.

- ***Tri-County Women's Outreach Program***

Human Service Center, Forest, Oneida, and Vilas Counties

This Tri-County effort focuses on the empowerment of women to development the necessary skills for long-term sobriety, through improving parenting skills and relationships with their children, and encouraging education and job skills that enhance self-sufficiency. Utilizing the integrated services delivery model and recognizing

improved quality of life are not related solely to sobriety but include attention to developing collaborative processes to meet the unique psychological, social, and physical needs that pertain to women and their families. The project serves women and families through contracts at Koller Behavioral Health and Koinonia.

- ***Women's Recovery Program***

Comprehensive Community Services Agency (CCSA) of Washington County

CCSA, working with Genesis Behavioral Health Services, is utilizing the state of the art AODA treatment programming for women. The Women's Recovery Program is designed to assist substance-abusing women and their families achieve meaningful recovery from chemical abuse and dependency. Services are offered through a wraparound philosophy that builds upon the inherent strengths of women and their families, combined with quality, outcome-based treatment, and consumer involvement. These services directly address gender and cultural needs, and provide a structure for improved multi-systems involvement and coordination. CCSA and Genesis help women and families develop drug-free, recovery-sustaining lifestyles and build natural supports.

- ***Women in Transition***

Douglas County Department of Human Services (DCDHS)

In a subcontract between Douglas County and The Recovery Center, the *Women in Transition* program was developed to support the target population to improve the health and functioning as well as that of their families. The outcome for participants in this program is the acquisition of skills and supports necessary to become responsible and employed adults and parents raising healthy children, and breaking the cycle of dependency and dysfunction in family units. DCDHS coordinates available and appropriate support services through collaboration with area community agencies and other integrated service providers. This approach allows the client to participate at a level appropriate to her situation. A strong mentoring component is provided to all families served in the project.

- **Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/E)**

The Wisconsin Treatment Outreach Project for Women and Families (WTOP) assisted the above-mentioned sites by providing training, promoting community collaboration, supporting the identification of FAS/E, and sharing training materials and resources.

The initial training covered FAS/E and related issues for treatment staff and ancillary service providers. Additional follow-up services for families of children identified with FAS/E included, but was not limited to, integrated educational planning, multidisciplinary team consultation, parenting strategy training and mutual support, and community resource and referral. Over 225 clinicians and members of their collaborating agencies were trained during 2000.

▪ **The Milwaukee County Family Services Coordination Initiative**

The Milwaukee County Family Services Coordination Initiative (MSFCI) was an unprecedented state/local partnership designed to transform service delivery for Milwaukee County families. The one-year Initiative began October 1, 1999 and ended September 30, 2000. It represented a unique collaboration among four service sectors: The Divisions of Supportive Living, Children and Family Services, and Health Care Financing of the Department of Health and Family Services, as well as the Division of Economic Support of the Department of Workforce Development. The Initiative targeted families simultaneously engaged in three systems: W-2 (Wisconsin Works, the state's welfare reform initiative), Child Welfare Safety Services, and Substance Abuse and/or Substance Abuse/Mental Health Services.

Thirty-four women and 125 children were served through the MSFCI pilot, and based on several objective measures, the overall status of the 34 women had improved at the end of the one-year pilot.

- Women who were working increased from 2.9 percent to 35.3 percent.
- 52.9 percent of the participants were earning wages and were considered to be more self-sufficient.
- There were fewer W-2 sanctions than at the time of enrollment (23.5 percent vs. 8.8 percent).
- School attendance improved significantly: 42.6 percent (or 4 out of 10) of the school age children had "good attendance." This percentage increased to 80.3 percent by the end of the project.
- Referrals for abuse and neglect were down from the year preceding enrollment (8 vs. 39).
- Percentage of women in treatment had increased from 23.5 percent to 48.5 percent.
- Among the 17 women who were candidates for mental health services, only one (5.9 percent) was in treatment initially; by the end of the project year, eight (47 percent) were in mental health treatment.

A copy of the report, "*A Framework for Systems Change: Evaluation of the Milwaukee Family Services Coordination Initiative*" is available on the Bureau of Substance Abuse Services web site (www.dhfs.state.wi.us/substabuse) or can be ordered from the Bureau.

The following statewide substance abuse programs for women and their families are allocated through state contracts using federal block grant funds.

▪ **Wisconsin Women's Education Network (WWEN) on Addiction and Recovery**

The WWEN Project is funded through a state contract utilizing federal SAPT Block Grant. Its project goals are to connect and educate the state concerning the need for women-specific AODA treatment services as follows:

- Create an informational newsletter geared to women's issues in addiction and recovery. *The WWEN Connection* audience was originally comprised of members in the WWEN network (individuals and agencies interested in the project's goals). This audience now encompasses women in grassroots recovery communities, men and women who have learned of the project through training or attending the conference, and nationally through

word of mouth. *The WWEN Connection* also highlights treatment programs around the state conducting any kind of treatment that attempts to meet the needs of women.

- Conduct an annual, statewide women's issues and addiction conference to educate cross disciplines for more effective collaboration and treatment.
- Provide training and technical assistance to agencies, and cross disciplines to develop treatment programs that meet women's needs.

Since the beginning of the project in 1996, the WWEN Connection newsletter has grown from a handful of subscribers to over 600 members on the mailing list from every area of the state. Through WWEN's annual conference, outreach efforts, and the subsequent federally funded STAR (Sharing Treatment and Recovery) project, members are added monthly. The WWEN project initiated and developed a statewide directory of women-specific treatment services divided by regions. This directory is updated every two years and is mailed or given to approximately 150 agencies around the state. The statewide WWEN conference is held each September. Each year the conference has brought in nationally known speakers as well as local experts to conduct workshops in women's issues on treatment and continued recovery for themselves and their families. This conference has drawn as many as 300 people representing treatment providers; professionals from cross disciplines, and consumers.

The WWEN Project, in 1998, applied for and received a major federal Center for Substance Abuse Treatment (CSAT) grant to develop grass roots organizations around the state to reduce stigma and improve availability of treatment services for women. This project was called STAR (Sharing Treatment and Recovery). Training and technical assistance under this project reached professionals in 30 counties in 2000. These counties were Bayfield, Ashland, Vilas, Oneida, Price, Lincoln, Marathon, Chippewa, Dunn, Eau Claire, Wood, Portage, Shawano, Outagamie, Brown, Waushara, Winnebago, Fond du Lac, Manitowoc, Vernon, LaCrosse, Iowa, Dane, Jefferson, Waukesha, Milwaukee, Rock, Walworth, Racine and Douglas.

▪ **ARC Community Services, Inc. Madison**

In 2000, *ARC Healthy Beginnings* served 36 mothers and 77 children. Of all the children, 33 infants were placed in onsite childcare at significant cost savings to their mothers. All mothers with children age unborn to five (0-5) were assisted with childcare placement in the community. Child/family services were provided weekly to 100 percent of all children and mothers served. Of the women entering treatment, 73 percent successfully completed treatment during 2000 with complete abstinence. At the time of admission, none of the women were involved with the local TANF program. At the time of discharge, 77 percent were enrolled in economic initiatives and in compliance with the TANF requirements. In 2000, the state allocation for ARC Healthy Beginnings was \$175,000 from that investment, and Wisconsin taxpayers saved over \$3.5 million. Following are some specific outcomes:

- Seventeen (17) healthy babies were born drug free from high-risk pregnancies at a projected savings from prevention of FAS/E births (\$163,000 per birth based on figures from the 1994 CSAT evaluation) of \$2,771,000.
- Thirty-one (31) mothers participated in the program without a single new foster home placement at an average cost savings of \$12,000 per year per child, saving \$372,000.
- Twenty-eight (28) of thirty-one (31) mothers were involved in the criminal justice upon entering treatment.
- There was no incarceration or re-involvement in the criminal justice system by any client during 2000, for a savings of \$840,000 in booking and incarceration costs.

- **Project MATE (Milwaukee AODA TANF Evaluation)**

The Center for Addiction and Behavioral Health Research, School of Social Welfare, University of Wisconsin-Milwaukee, is under contract to conduct an evaluation of retention in treatment, health, employment, substance use, legal, living situations, family functioning, and mental health outcomes of the services provided at the following three agencies. Called Project MATE and directed by Susan Rose, Ph.D., results are expected in 2001. The following projects are included in Project MATE:

- **Projecto Renacimiento, United Community Center (UCC), Milwaukee, Wisconsin**

Projecto Renacimiento project (rebirth) provides services to mothers of small children and pregnant women who are chemically dependent, with a special focus on cocaine-abusing women. The services are provided with a multi-disciplinary approach to accomplish its goals. The target group includes low-income Hispanic women residents of Milwaukee County. Services include case management, detoxification, inpatient treatment, residential treatment home-based services, day treatment, outpatient treatment, AODA education, childcare, and transportation. Twelve women and 56 children were served by the project in 2000. Of the 11 discharges during 2000, 5 successfully completed treatment.

- **Milwaukee Women's Center, Milwaukee, Wisconsin**

The Milwaukee Women's Center (governed by women and minorities) provides treatment for cocaine families. The Positive Options for Women Entering Recovery (POWER) program is a multi-disciplinary, case management and treatment model with a primary target population of mothers and pregnant women who have a current or recent history of cocaine abuse and/or other drugs or alcohol addiction. Services offered by MWC include: behavioral health, substance abuse outpatient and day treatment, 24-hour crisis line and emergency shelter, AODA and domestic violence education and support groups, housing information and referral, protective payee, birth to three evaluations, childcare, HIV testing and sex education, parenting, batterer's treatment, and anger management. In 2000, POWER served 94 mothers and 322 children. Six babies were born drug-free while their mothers were in treatment. Eleven children were returned to their mothers from foster care. One hundred percent of the women had no contact with the criminal justice system.

- **Our Home Foundation/Meta House, Milwaukee, Wisconsin**

Meta House, through five programs, provides a target population of women with substance abuse a variety of services and opportunities that will reduce the incidence of alcohol and drug abuse, enhance their ability to function as self-confident, productive members of society, and reduce the incidence and severity of impairment in children affected by maternal substance abuse. The program goals are accomplished through a variety of residential treatment programs and a day care center designed specifically to deal with the gender-specific issues women face in the treatment of substance abuse.

During 2000, 103 women were served. Seventy-three percent of these women had no drug use 30 days prior to discharge. At admission to the program, 6 percent of the women were employed. By discharge, 59 percent were employed. Seven babies were born drug-free while their mothers were in treatment.

▪ **Services to Persons in Treatment**

Although the name has changed from *Child Care Services for Parents in Treatment*, priority is still given to women in treatment. Grants are established for the provision of child care services for low income or single parents in treatment for the purpose of removing the barrier of child care that was preventing many parents from seeking treatment. Services provided under this program include licensed in-home day care, licensed child care center, foster care, and group home care.

\$250,000 of the SAPTBG is allocated through grants to eight counties (Dane, Eau Claire, Kenosha, LaCrosse, Marathon, Milwaukee, Waukesha, and Winnebago) to fund daycare and training on the issues of children whose parents have experienced a substance use disorder. During the year 2000, 191 adults were served and 302 children. Demand for childcare services continues to grow as more women are now accessing treatment services. The Lincoln/Langlade/Marathon counties' project also hosts the annual Children at Risk Conference targeted towards northern counties. At the 2000 conference, 45 persons were trained in child development, discipline, and stress relief.

▪ **Cross System Services Coordination for Women**

In October 1999, through six state contracts, Dunn, Forest/Oneida/Vilas, Kenosha, Manitowoc, Racine, and St. Croix counties received one-time grants of \$20,000 each to improve the coordination of services for women with substance abuse problems. Systems coordinated include substance abuse, perinatal care, Wisconsin Works (W-2), child protective services, probation/parole, vocational rehabilitation, and mental health. Projects formed focus groups, conducted training workshops, utilized case managers, developed women's treatment and support groups, and evaluated services. Using focus groups, the following treatment access barriers were identified: childcare, gender-specific treatment, low rates of treatment completion, coordination across systems, and outreach. Treatment completion rates for females in the targeted counties increased from 45.8 percent in 1999 to 47.2 percent in 2000.

Criminal and Juvenile Justice Populations

▪ Treatment Alternative Program (TAP)

The TAP program is an alternative to incarceration for certain substance-abusing offenders. TAP was modeled after the nationally successful Treatment Alternatives to Street Crime (TASC) Program. TAP's goal is to break the substance abusing offender's drug/crime cycle through the use of an intensive case management/treatment model and systems collaboration which "bridges" the gap between the criminal justice and alcohol and drug treatment systems.

TAP presently operates in the counties of Dane, Rock, and Eau Claire. There are 132 slots for the program that averages six to nine months in length. During the year 2000, the Dane County TAP program reported a 70 percent successful completion rate. Approximately 60 percent of Dane County TAP's clients are charged with third time and above operating while intoxicated (OWI). TAP has been independently evaluated by the University of Wisconsin-Madison Center for Health Policy and Program Evaluation (CHPPE). Results from CHPPE's eighteen-month follow-up study indicate that Dane County OWI TAP clients completing treatment were rearrested for OWI significantly less than non-completers. TAP OWI completer rearrests for OWI were reduced by over 50 percent.

For the past five years, Dane County TAP has provided the infrastructure for the state's only drug treatment court. Close to 300 individuals have participated in Dane County's drug court with a 71 percent successful completion rate, which compares favorably to a national drug court completion rate of 47 percent. Other significant outcomes include the fact that there have been a 95 percent decrease in unemployment for participants, two drug-free babies were born, a number of parents resumed or paid their back child support, and five W-2 recipients are now self-sufficient.

▪ Juvenile Court Intake Projects

The project's nine original counties from the 1989 pilots are Milwaukee, Kenosha, Fond du Lac, Outagamie, Portage, Dunn, Eau Claire, Dane, and Forest/Oneida/Vilas. The intake procedures use a standardized instrument to provide screening to children with needs and problems associated with the use of alcohol or controlled substances. In addition, this program provides for appropriate assessment, education and AODA treatment services. During the year 2000, approximately 4,000 juveniles were screened for substance use in nine counties. After screening, approximately 48 percent of the juveniles were referred for alcohol education or treatment services. For individuals receiving these services, 58 percent were considered successful at discharge as defined by a reduction in alcohol or drug use or remaining free from substances altogether. Improvements continue to be noted in areas of relationships with parents or guardians, school participation, and self esteem. Additionally, there appears to be a decrease in continued delinquent activity and an increase in overall quality of life.

Minority Populations

The Bureau of Substance Abuse Services provides service oversight for racial and cultural minorities in all programs, using data to monitor and evaluate services that are effective and culturally competent. The three programs highlighted below specifically serve African American and Hispanic individuals and Wisconsin's tribal children and family services.

▪ **In-Home and Community Based Treatment for Minorities**

The In-Home and Community Based Treatment for Minorities program funds La Casa de Esperanza, Inc., in Waukesha and the Milwaukee Women's Center in Milwaukee to provide intervention, treatment, and family support services to low-income Hispanic and African American individuals. The Milwaukee Women's Center provided case management and treatment for AODA services to 85 families. Outcome measures determine the effectiveness of program services and whether participants are benefiting from their involvement in the program. The following are examples of outcome findings for La Casa:

- 67 percent of clients fully accepted they have a problem with drugs/alcohol.
- 76 percent of clients had relapse/aftercare plans.
- 81 percent were employed.
- 43 percent completed all treatment goals.

▪ **Consolidated Family Services**

In 1992, the Department initiated a consolidated approach to contracting with tribal governments for children and family services, including alcohol and other drug abuse treatment. Under this innovative program, 11 different social service programs were consolidated into a single contract on behalf of the state and each of the tribal governments. The Consolidated Family Services contract provides funding on an annual basis for substance abuse services and includes prevention of youth substance abuse, treatment of adult and youth substance abusers, parenting education, and in-home counseling for substance abuse. Each tribe has the flexibility to emphasize in their program those services that they determine will meet the community and, ultimately, the families' identified needs. The range of family services includes adolescent parent self-sufficiency, adolescent pregnancy prevention, child care, child welfare, choices for girls and young women, self-sufficiency for families and communities, domestic violence, family preservation, support and reunification, and facilitation of the delivery of accessible, available, culturally appropriate, and integrated services.

Performance measurement is an integral part of the program. Program work plans require the establishment of outcome measures as part of a three-year planning cycle. Outcome measures determine the effectiveness of program services and whether participants are benefiting from their involvement in the program. Service providers then use this information to assess and improve services to the community. Following are some examples of outcome findings in 2000:

- 70 percent of youth attending a six-week classroom curriculum demonstrated increased knowledge of AODA.
- 100 percent of participants attending parenting training sessions demonstrated increased knowledge of parenting skills.
- 60 percent of girls and 100 percent of boys participating in youth program activities abstained from alcohol/drugs.

- **New Beginnings-United Community Center**

New Beginnings-United Community Center is a residential treatment program for Milwaukee Hispanic residents. The United Community Center's Adult Residential Treatment Program is an eight-bed, community-based residential facility licensed by the state for adult male substance abusers needing 24-hour care. The average length of stay at the facility is 60-90 days. It offers a 24-hour therapeutic milieu with group and individual counseling and education. A family program is also part of the treatment regimen. The program served 57 clients in 2000.

Adolescent Populations

The following activities are included in this report due to their intervention and treatment activities in addition to prevention. Other substance abuse youth prevention activities are administered within the Department of Health and Family Services' Division of Children and Family Services.

▪ **Synar Tobacco Control Project**

The purpose of the federal Synar legislation is to require states to monitor illegal sales of tobacco products to underage youth and to demonstrate a measurable reduction in such sales over time. To meet this requirement, mandated in the federal Substance Abuse Prevention and Treatment Block Grant, states must conduct an annual, scientific compliance survey of randomly selected retail outlets that sell tobacco products.

During the summer of 2000, the Bureau of Substance Abuse Services (BSAS) conducted the fourth annual statewide retail tobacco "compliance check" survey. This survey is designed to ascertain the prevalence of merchants in Wisconsin who sell tobacco products to minors. The compliance check survey is a federal requirement under section 1926 of the Public Health Service Act, otherwise known as the "Synar Amendment."

The table below summarizes the 2000 inspection survey results.

Summary of Tobacco Inspection Results by State Geographic Sampling Unit										
(1)		(2)			(3)			(4)		
		No. of Tobacco Outlets*			No. of Outlets Randomly Inspected in Federal Fiscal Year 2000			No. of Outlets Found in Violation During Random Inspections		
	Geo-graphic Sampling Unit	(a) Over-the-Counter (OTC)	(b) Vending Machines	(c) Total Tobacco Outlets (2a + 2b)	(a) OTC	(b) Vending Machines	(c) Total Tobacco Outlets (3a + 3b)	(a) OTC	(b) Vending Machines	(c) Total Tobacco Outlets (4a + 4b)
No.	Statewide	---	---	16,800	419	77	496	82	40	122
Percent**	---	---	---	---	---	---	---	19.6	51.9	24.6

* Wisconsin tobacco sales licenses do not specify the type of outlet (i.e., whether the license is for over-the-counter sales or vending machine sales). Therefore, columns 2 (a) and 2 (b) are not completed.

** Percentages apply only to column 4, which details the final inspection failure rate for the survey.

There were a total of 496 compliance checks in 2000. Of the 496 observations, 122 vendors sold to minors on the inspection team for an inspection failure rate of 24.6 percent. Previous violation rates were 22.6 percent in 1997, 27.8 percent in 1998, and 22.0 percent in 1999.

Inspection teams were asked to record whether a retail outlet had a sign posted indicating that Wisconsin law forbids the sale of tobacco products to minors. Posting of such a sign is required by s.134.66, Wis. Stats. Results indicate that 182 sites had the appropriate sign posted. This represents 36.7 percent compliance.

Teams were also asked to indicate whether or not the clerk or salesperson asked for age identification. Only 60.9 percent (302 of 496 reporting) asked the youth to provide photo identification.

▪ **Residential Substance Abuse Treatment for Adolescents**

This contract with the Human Services Center of Forest, Oneida and Vilas Counties enhances the provision of adolescent treatment services for the three-county area. Services are provided by Koller Behavioral Health and through the Koinonia Residential Treatment Center when appropriate. Additionally, specialty residential adolescent treatment services are accessed from the few remaining adolescent programs when necessary. This project also supports specialized adolescent outpatient services provided through the Lac du Flambeau Tribal Program—the AODA Native American Treatment Program at Koinonia. This project seeks to provide culturally oriented residential programming, when needed, through treatment programs with a strong cultural program orientation. It operates in conjunction with Indian Health Services funds to cost share adolescent treatment placements in certain placement situations. Services are also coordinated in conjunction with the adolescent juvenile court program serving individuals who are identified as being in need of education or treatment.

▪ **Inner City Councils**

Under the inner city high-risk youth projects, Rock, Racine, Kenosha, and Dane counties received funds for community-based education, prevention, and treatment programs. Inner City Councils were established in each of these areas to provide services, including:

- AODA education and prevention sessions
- After school/latchkey programs
- Young women's role models program
- Midnight basketball league
- Narcotics Anonymous groups for women
- Motivational counseling
- Case management
- Life skills training
- Information and referral
- Families and Students Together (FAST) programs
- Academic skills enhancement
- Support groups

▪ **Career Youth Development (CYD)**

The Career Youth Development Program receives \$80,000 per year in federal block grant funds for intervention and referral services to minority youth in a high-risk area of central Milwaukee. The program provides intervention through AODA education and awareness training. Staff also provide referrals for identified treatment needs. Specific activities include prevention training for adult professionals in the community, substance abuse education for youth, intervention services for youth, and limited treatment services for youth.

Substance Abuse and the Elderly

Elderly Populations

As people age, their bodies metabolize alcohol at a slower rate, increasing their exposure to alcohol's toxic effects. A recent study by the University of Wisconsin Medical School of elderly patients visiting their family physicians (n=5,065), found that 12 to 15 percent of persons over age 60 drink enough alcohol to create risks to their health. The increased use of medications among the elderly poses additional risks. As a result, the Bureau of Substance Abuse Services has partnered with the Bureau of Community Mental Health to provide funds for the Wisconsin Mental Health/Substance Abuse Aging Coalition, a statewide training effort staffed by the Bay Area Agency on Aging. In 2000, the Coalition provided a variety of training and education opportunities for providers of substance abuse, mental health, and aging services.

Achievements in 2000 are as follows:

- Five active local AODA/Mental Health and Elderly coalitions in various counties of the state are meeting.
- Fifty professionals increased their knowledge of aging and substance abuse case management as a result of a UW-LaCrosse training workshop.

Physical and Sensory Disabilities

There are 86,000 persons in Wisconsin receiving Social Security benefits for physical or sensory disabilities. The use of medications, health concerns, chronic pain, fewer social supports, excess free time and lack of access to substance abuse services among this population all contribute to increased risk for substance use disorders. Studies suggest that rates of alcohol and other drug abuse among persons with disabilities (15 percent) is significantly higher than that found in the general population (10 percent).

Wisconsin Alcohol and Other Drug Abuse Treatment Program for Deaf and Hard of Hearing Individuals

As a result of a Department of Health and Family Services decision to restructure this program, a comprehensive needs assessment study was undertaken in 2000. With valuable input from consumers, surveys, and medical records, an advisory committee is evaluating the findings. Recommendations and an implementation plan will be developed in 2001.

Counselor Development and Competency

The substance abuse field in Wisconsin is comprised of both single and multi-program certified publicly funded substance abuse service agencies; there are approximately 65,000 individuals receiving publicly funded substance abuse services.

Individuals providing Alcohol and Other Drug Abuse (AODA) counseling have since 1976 received their certification through The Wisconsin Certification Board (WCB), a private non-profit organization. Prior to that time no standards existed for those individuals delivering services to alcohol and drug abuse clients. The WCB began the process of setting these standards and certified the first counselors in 1977. The State of Wisconsin recognizes WCB certification in the administrative rules, [Chapter HFS 75, Community Substance Abuse Service Standards](#), which govern clinic certification.

■ **Wisconsin Certification Board, Inc.**

The Bureau of Substance Abuse Services administers a \$121,500 contract to support the functions of the Wisconsin Certification Board (WCB). One of the many goals of WCB is to provide ongoing certification and a re-certification process for Wisconsin's alcohol and drug counselors. The WCB also participates in the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (ICRC), a network of states that screen other state certification standards and negotiate reciprocity agreements. The WCB receives complaints, investigates, and sanctions persons who are under WCB jurisdiction and are alleged to have violated the Counselor, Clinical Supervisor, and Prevention Code of Conduct. The chart on the right illustrates the number of counselors in the certification process or credentialed in 2000.

Number Credentialed in 2000	
Category*	
PLAN	107
RADC I	268
CADC II	31
CADC III	1321
CCS I	15
CCS II	176

*PLAN: Having a plan on file; **RADC I**: Registered Alcohol and Drug Counselor I; **CADC**: Certified Alcohol and Drug Counselor II and III; **CCS** : Certified Clinical Supervisor I and II.

Ethnicity (of persons reporting)	Number Pre-certified*	Percentage
African American	77	22
Asian American	3	1
Caucasian	227	65
Hispanic/Latino	24	7
Native American	14	4
Other	4	1
Total	349	100

The charts in this section identify some notable counselor certification statistics.

* Includes RADC I and persons with a Counselor Certification Development Plan. N=349 as of 12/2000

Ethnicity (of persons reporting)	Number Certified **	Percentage
African American	92	7
Asian American	4	0
Caucasian	1176	89
Hispanic/Latino	22	2
Native American	22	2
Other	3	0
Total	1319	100

**Includes
CADCII/III and CCSI.
CCSIs already included
with CADCIIIs.
N=1319 as of 12/2000

▪ **Midwest Institute**

The Midwest Institute for substance abuse professional education is held each year in Madison, Wisconsin, during the summer (July) and in Lansing, Michigan, in the winter (January). Year 2000 marked the 46th annual summer and the 26th annual winter institute. The Institute is sponsored by the Wisconsin Department of Health and Family Services and the Michigan Department of Community Health and in cooperation with training providers in Illinois, Indiana, and Ohio. The focus of the Institute is to provide educational programs offering knowledge and skill development to professionals working in the field of substance abuse. The curriculum is comprised of four-day workshops that cover Fundamentals of Substance Abuse, Counseling Theories/Techniques, Counseling the Criminal Justice Substance Abuse Client, Ethics and Confidentiality, Pharmacology/Psychopharmacology and also two-day workshops offering concentrated studies on current issues.

Winter & Summer Institutes Participation From All States

Number of Participants		
Year	Winter	Summer
2000	206	160
1999	160	178
1998	203	189
1997	139	151
1996	124	148
1995	158	120

A Certificate of Achievement, which is applicable for various forms of counselor certification, is provided to participants. The Institute also offers an academic credit option.

- **Minority Training Program (MTP)**

The Minority Training Program is a statewide training initiative to support the growth of the AODA profession among minorities in Wisconsin. The Project is staffed by individually contracted consulting agreements. The Bureau of Substance Abuse Services administers a \$283,000 contract with the Wisconsin Association of Alcohol and Other Drug Abuse (WAAODA) to provide administration support to the Minority Training Project. The Minority Training Project offers its participants the following:

- Professional consultation, educational/certification advice, and mentoring.
- Learning opportunities for participants who are seeking to become Certified Alcohol and Drug Counselors.
- Accessibility to formalized educational opportunities.

In the year 2000, 12 internships were completed. Three of these internships resulted in new employment. Twenty-five different training and educational vendors were utilized to provide research-based curricula to MTP participants. In the year 2001, MTP will operate under the guidelines of newly designed operating policies and procedures. These will present a focused evaluation component on measuring the process of becoming a certified alcohol and drug counselor.

Compulsive Gambling Awareness Campaign

According to a 1996 Wisconsin survey by the Wisconsin Policy Research Institute, there are an estimated 13,700 to 32,400 problem gamblers in Wisconsin whose average gambling debt is between \$27,000 and \$38,700. The economic impact of problem gambling in Wisconsin is over \$300 million annually. In addition to financial, employment, and family problems, compulsive gamblers have a suicide rate 11 times higher than the general population. The incidence of problem gambling is also highest among teens and the elderly.

In 2000, the Legislature allocated \$250,000 to the Department of Health and Family Services to provide grants to one or more individuals or organizations in the private sector to conduct compulsive gambling awareness campaigns. The Bureau of Substance Abuse Services has oversight for this program due to gambling's addictive characteristics. Many state-certified substance abuse programs also have gambling components.

The Bureau of Substance Abuse Services contracted with the Wisconsin Council on Problem Gambling (WCPG) to develop a statewide awareness campaign addressing the issue of compulsive gambling. The WCPG is one of 35 state affiliate councils of the National Council on Problem Gambling. Their primary mission is to educate and promote public understanding of problem gambling and the disorder of compulsive gambling. The WCPG is a non-profit organization located in Green Bay.

Among the initiatives of the 2000 awareness campaign were the following: expanded visibility for the Council's 24-hour helpline, which provides referral services for callers; a public information/-media campaign; a pilot training program for human service professionals for a high school gambling prevention curriculum; and a statewide information and networking conference.

The campaign is directed at all gamblers and those affected by problem gambling. The elderly and minors have been identified as high-risk populations.

- **24-hour Toll-free Helpline.** Many of the calls received by WCPG are for general information and support. Callers are family members, employers, and afflicted gamblers themselves. The WCPG has seen a steady increase in calls over the last several years. In 1996, they received a total of 3,433 calls. This number increased to 3,865 in 1997, 4,653 in 1998, 4,742 in 1999, and 5,052 in 2000.
- **Public Information/Campaign**
 - Approximately 150 media contacts were made.
 - 25,000 booklets, "Is Gambling Affecting Your Life?" were printed and distributed.
 - Bus ads ran in nine cities.
 - Pump-top ads were displayed at 50 different locations.
 - Two 30-second public service announcements were distributed throughout the state.
 - Two 30-second ads played during Packer football pre-season on the radio.
 - Signage was put in eight Wisconsin gambling casinos in the bathroom stalls.
 - Billboards were placed in Northern Wisconsin.
 - A partnership was developed with The Wisconsin Lottery.

- **Statewide Conference.** The second annual Compulsive Gambling Awareness Conference, *“Continuing the Education, Awareness and Prevention,”* was held on March 16-17, 2000, in Green Bay. The conference featured plenary presentations from national experts in the field of problem gambling, along with several workshops that explored issues such as gambling addiction recovery models, gambling problems among the elderly, adolescent gambling, social costs of gambling, and legal issues. There were a total of 104 participants in attendance. Conference evaluation forms indicated a high degree of satisfaction with this second-year conference, including very positive comments from out-of-state guests.
- **Training for Human Services Professionals.** WCPG conducted four introductory and four advanced counselor certification training sessions. These trainings are necessary for eligibility as a referral source for the 24-hour helpline. A total of 95 participants were trained at these sessions. WCPG developed and implemented a “Train the Trainers” program. The state was divided into five regions. This program has ensured that trainers are available throughout the state.
- **Mini-Grants .** A \$17,000 mini-grant was awarded to the Coalition of Wisconsin Aging Groups to provide a public awareness campaign to senior citizens in the State of Wisconsin. The project goals are to educate older people about the scope of problem gambling, teach seniors to recognize the problem in themselves and others, and provide older people with ways to get help for themselves and others.

Administration

The following activities form the basis for overall guidance and support to the delivery of services. They are mainly categorized as planning, policy-making, and evaluative rather than client-oriented.

- **HFS 75: Substance Abuse Services Standards**

HFS 75 repealed HFS 61.022 (1), (4) and (6) and 61.06 (14) and subch. III of ch. HFS61, Wisconsin Administrative Code. HFS 75 establishes standards for community substance abuse prevention and treatment services under Section 51.42 and 51.45, Stats. Sections 51.42 (1) and 51.45 (1) and (7), Stats., to provide that a full continuum of substance abuse services be available to Wisconsin citizens from county departments of community programs, either directly or through written agreements or contracts that document the availability of services

HFS 75 was promulgated effective August 1, 2000. The Bureau has conducted three video-teleconferences statewide to train and provide technical assistance to providers seeking to comply with certification requirements under the rule. Three on-site training sessions with managed care entities were also conducted. Information and technical assistance in clarifying and resolving certification issues were provided to the Wisconsin Community Human Services Association (WCHSA). A Division of Supported Living Memo Series (2001-04) will be issued to identify and explain changes and new components of the requirements. Technical assistance is continuing for individual providers upon request.

- **Wisconsin Uniform Placement Criteria for Adult Substance Abuse Patients**

Wisconsin Uniform Placement Criteria (WI-UPC) was included as one of the two approved placement criteria for all certified AODA services in the enacted s. HFS 75, Substance Abuse Standards, which became effective on August 1, 2000. An extensive regional training calendar was developed and implemented. Eight training events were held from October through December 2000. 160 individuals attended the training session. Fifteen of these participants took part in the trainer of trainer module. To further the support available to the statewide service providers, state staff are available to field questions regarding UPC implementation. The BSAS web site is used to communicate the training calendar, registration form, and address frequently asked questions.

- **Governor's W-2 & AODA Task Force Report**

The Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS) collaborated in staffing a Governor's W-2 and AODA Task Force. The task force addressed specific goals identified by a Proclamation from the Governor for the need to expand the screening tools available for use by W-2 Financial and Employment Planners (FEPs). These screening tools were included in the draft W-2 AODA Task Force Report submitted to the Secretaries of DHFS and DWD in December 1999 for review in preparation for submittal to the Governor.

The Task Force members agreed upon ten recommendations as effective strategies for identifying and working with the W-2/AODA participant. These recommendations are intended to supplement existing informational sources and can be viewed in The Task Force Report, *“Making It Work: Practical Approaches in Working with Substance Abusing Women,”* which became available in January 2000.

- **Data Collection and Evaluation Initiatives**

The Drug and Alcohol Services Information System (DASIS), a \$72,000 federal SAMHSA grant that collects treatment client data, has increased its coverage to 81 percent of publicly-supported treatment clients across the state. The goal is 100 percent coverage. The system is housed in the Division of Supportive Living’s Human Services Reporting System and collects admission, demographic, services, and discharge data on clients whose treatment is supported with public funds. A variety of state, county, and provider reports are produced and disseminated each year.

- **Outcome Measurement Training**

In 2000, the Bureau of Substance Abuse Services provided outcomes measurement training to 159 professionals from 65 of Wisconsin’s 72 counties working with county human services agencies and agencies receiving grants from BSAS. Yearly updated training has been provided that addresses next step needs and latest information such as implementing outcomes, selecting indicators, developing objectives, data collection, “real life” experiences, and the Department of Health and Family Services perspective. This has resulted in data that can be used in measuring effectiveness in the outcomes of treatment and planning for future needs.

- **County Quality Improvement Reviews**

Five county provider quality improvement reviews were completed in 2000 in Langlade/Lincoln/Marathon, Portage, Sawyer, Vernon, and Waushara counties. Review teams consisted of BSAS staff, representative of the Office of Strategic Finance’s Regional Office, and peer reviewers (professionals from state-certified AODA programs not in the county being reviewed). In addition to meeting federal grant requirements, these reviews of

systems and providers have benefits both in identifying technical assistance needs and showcasing counties with exemplary delivery systems. BSAS has received letters from the counties involved that illustrate the positive response to this collegial process of assessing service delivery.

- **Research to Practice Teleconference Training**

The Bureau of Substance Abuse Services, in April 2000, began offering a monthly statewide teleconference series on research-based addiction treatment issues. These teleconferences have been developed through the Bureau’s partnership with the Great Lakes Addiction

Technology Transfer Center (GLATTC), moderated by a board-certified addiction psychiatrist, with expert national presenters. This teleconference is offered statewide as a service allowing professionals around the state to share best practice information and consultations in a convenient format. Thirty lines have been reserved through Wisline (University of Wisconsin Extension), who will provide the teleconference services. As line space is limited, local teleconference host sites in areas throughout the state will have a reserved line, for participation in the teleconference at a nearby site. Topics held in 2000 were as follows:

- Assessing drinking and drug use behavior and DSM-IV substance use disorder diagnoses.
- Facilitating treatment entry for addicts and alcoholics by working with spouses or significant others.
- Neurobiology of Addiction.
- Assessment & outpatient treatment: Withdrawal States Assessment & management: Risk of Suicide and Violence.
- Increasing motivation to change addictive behavior: Talk Therapies.
- Increasing motivation to change addictive behavior: Behavioral Therapies.
- Medications for treatment of alcohol dependence.
- Assessment and treatment of the older alcoholic.

▪ **Great Lakes Addiction Technology Transfer Center (GLATTC) Project**

GLATTC is a multi-state partnership of each of the single state agencies for substance abuse in Wisconsin, Ohio and Illinois. The project, under a three-year grant from the Center for Substance Abuse Treatment (CSAT), will include the participation of addictions leaders and practitioners throughout the region, both as trainers and as training participants. Funds from GLATTC in 2000 were instrumental in assisting the Bureau with its Statewide Substance Abuse Annual Conference, the Research to Practice Initiative and the Research to Practice Teleconference series as well as other projects. The Wisconsin initiative will be used as a national case study of systems change for the federal Addiction Technology Transfer Center (ATTC). In 2000, the following information and training events were held:

- 75 addiction clinicians, researchers, educators and policy makers participated in a one-day symposium on Research to Practice. The goal was to begin to systematically incorporate Research to Practice strategies within the addiction field in Wisconsin. As a result of the meeting, four workgroups were formed representing AODA clinicians, researchers, educators and public policy makers met and developed and reported work on short and long-range goals at the statewide Bureau of Substance Abuse Services conference in October 2000.
- Day-long training events on co-occurring disorders to 155 addiction treatment and mental health professionals.
- Dr. Joe Rosenfeld made a day-long presentation in Wisconsin in September to forty WI DOC Community Corrections Agents and contracted AODA treatment vendors on The Neuroscience of Addiction and its importance to criminal justice.
- Dr. Rosenfeld also presented a research-based workshop on what works and outcomes to 50 individuals who at the Wisconsin Association on Alcohol and Other Drug Abuse.
- The national ATTC Director spoke at the Wisconsin Statewide Substance Abuse Meeting on "The Change Book," a publication outlining strategies for using the research to practice model.

▪ **State Demand and Needs Assessment Contract**

Funded in 1999 for three years by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the State Treatment Needs Assessment Program is conducting five studies. Findings will be available in 2001.

- ***The County Composite Indicators Study*** is an annual update of 16 county-level variables such as traffic crashes, alcohol-related deaths, and liquor licenses. The study will be used to improve the distribution of new substance abuse funds.
- ***The Treatment Capacity and Utilization Study*** is an annual update of information on treatment utilization, waiting lists, and costs that will be used in the development of the managed care pilots and other planning purposes.
- Using data from a previous survey on the prevalence of substance use disorders in Wisconsin, a synthetic estimate of prevalence will be projected annually.
- A client outcome monitoring project involving 15 substance abuse treatment providers will be undertaken to develop tools and assess post-discharge recovery rates.
- The fifth study, ***Checking the Alcohol and Other Drug Health of Wisconsin American Indians***, will involve a survey of 600 adult tribal members among five reservations.

▪ **Public Awareness Initiative**

Addiction Services Internet Web Site: The Bureau's web site is located within the Department of Health and Family Services' Internet web site at www.dhfs.state.wi.us/substabuse. Addiction Services is one of the Department's major programs, and the web pages address multiple issues and initiatives related to the use and abuse of alcohol and other drugs, gambling, and youth access to tobacco purchases. The web site includes information on bureau training and conferences of interest to the substance abuse field, links to federal agencies and national associations, emerging drug trends, and legislation relating to substance abuse. In 2000, the web site began to provide information on drugs referred to as "Club Drugs," which include ecstasy, methamphetamine and other street drugs or abused prescription drugs in the news.

Substance Abuse News. The Bureau's newsletter, is a quarterly publication send to AODA treatment providers, counselors, statewide associations, schools, county agencies and interested individuals. Information includes updates from BSAS initiatives, national and state news of interest to the AODA field, BSAS staff changes, conferences, publications, and a feature article regarding alternate modes of treatment, or highlighting a particular program. The *SA News* increased its subscribers in 2000 through expanded distribution at conferences and membership from the Bureau's Consumer Initiative.

Conference Exhibits: In 2000, Bureau staff exhibited information at seven conferences and training events around the state. Through this display, information about AODA treatment and prevention is made available to other disciplines that will benefit from knowledge about addiction and how it may impact their clientele. BSAS brought this information to more than 2500 people in the fields of aging, mental illness, developmental and sensory disabilities and public health.

- **2000 Statewide Substance Abuse Information Meeting**

The sixth annual Bureau of Substance Abuse Statewide Meeting, “*Research to Practice in a Changing Environment*,” was held October 9-11 2000, in Green Lake for approximately 190 substance abuse and human services professionals. Workshops included information on Addiction and the Brain, Outcome Training, Methamphetamine, Residential Benefits/New Medicaid Funding, Research-based Survival for a Changing Environment, Next Steps for Wisconsin Research to Practice and changes in HFS 75. As a pre-meeting, the State Council on Alcohol and Other Drug Abuse held a public forum to receive any comments and concerns from the field regarding issues related to substance abuse and other issues affecting the AODA field.

- **Turning Point**

The Department of Health and Family Services’ Turning Point Health Plan for the Decade, ranked Wisconsin’s top 11 health priorities during 2000. Inappropriate use and abuse of alcohol and other substances was ranked sixth. Additional implementation work will continue with Turning Point in the years to come.

- **Surplus Personal Computer Redistribution**

In accordance with Department of Health and Family Services policy, the Bureau of Substance Abuse Services has taken the lead role in the redistribution of surplus personal computing equipment for the Division of Supportive Living. In 2000, 33 computers were relocated to community and tribal agencies with which the Department contracts. Since the effort began in 1993, over 500 PCs have been distributed; many of these agencies received their first computer through this program. The effort has saved Department funds and has increased the efficiency of operations among contract agencies.

State Council on Alcohol and Other Drug Abuse

Membership

The Governor
 State Senator (majority party)
 State Senator (minority party)
 State Representative (majority party)
 State Representative (minority party)
 The Attorney General
 The State Superintendent of Public Instruction
 The Secretary of Health and Family Services
 (Chairperson)
 The Commissioner of Insurance
 The Secretary of Corrections
 The Secretary of Transportation
 Chairperson of the Pharmacy Examining Board
 Representative, Controlled Substances Board
 Member, Wisconsin County Human Services
 Association, Inc.

Member, Governor's Law Enforcement and
 Crime Commission
 Representative, Direct provider of services to
 alcohol and drug abusers
 Six citizen members, one of who is a consumer
 representative

Ad Hoc Members Added by the Council

Alliance for a Drug-Free Wisconsin
 Department of Revenue
 Department of Veterans Affairs
 Wisconsin Technical College System
 University of Wisconsin System
 Office of Justice Assistance
 Department of Workforce Development

The State Council on Alcohol and Other Drug Abuse (SCAODA) was created in the Office of the Governor in 1970 to provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state. In 1993, Wisconsin Act 210 reconfigured the membership of the Council as it currently exists today. The membership of the Council [s.14.017(2) Wis. Stats.] consists of 22 statutory members, seven ad hoc members and five standing committees (Planning and Funding, Interdepartmental Coordinating, Diversity, Intervention and Treatment, and Prevention).

During 2000, the Council continued to provide leadership, both at the state and national level, in advancing policies that seek to abate the negative effects of alcohol and drug abuse as well as opposing ineffective policies. The following is a listing of specific issues addressed by the Council and actions taken:

1. The Council conducted a review of the proposed biennial budget, which included committee review of each department's request for additional funding and position authority and discussions with agency staff addressing their budget proposals. The Planning and Funding Committee developed recommendations to the Council that were discussed and acted upon through Council motion. The Council communicated its biennial recommendations to the Governor, Legislature and joint committees of the Legislature.
2. The Council appointed a special committee to study support for and the impact of enhanced insurance benefits for the treatment of substance abuse in Wisconsin. The committee began its work during the fall of 1999 and is exploring potential grant opportunities to test innovative models of enhancing insurance benefits.

3. The Council recommended issuance of a Proclamation by Governor Thompson designating October 2000 as Employee Assistance and Drug Free Workplace Awareness Month. Governor Thompson issued the proclamation on September 15, 2000.
4. The Governor's W-2/AODA Task Force Report, "***Making It Work,***" was completed.
5. EAP/Drug Free Workplace Survey: In March 2000, the Council approved the EAPA Survey. Due to funding constraints, the Council's Intervention and Treatment Committee will explore conducting the survey through a graduate study program.

Future Directions

- **Treatment Outcomes**

The Bureau of Substance Abuse Services will continue its mission to enlighten Wisconsin communities and policy and lawmakers that “Treatment Works” by publishing client and system outcomes and highlighting exemplary programs. An Outcomes Project is planned for 2001 whereby providers from a variety of locations around the state will be selected to develop and report post-discharge outcomes on a sample of clients. This information will also be used to design a client outcome measure and a client severity index.

- **Core Values to Enhance Treatment Planning**

The 12 Core Values used in the women’s projects in 2000 will be incorporated into all contracts the Bureau of Substance Abuse Services has with treatment agencies in 2001.

- **Fetal Alcohol Syndrome and Fetal Alcohol Effects**

The Bureau of Substance Abuse Services will continue its efforts to address Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE) education needs, particularly for the training of primary physicians to screen pregnant and post-partum women for substance abuse.

- **Emphasis on Stigma Reduction Through The Consumer Initiative**

The Bureau will increase its focus on partnering with recovery communities and consumers of treatment services to enhance participation in planning, policy making, and bringing the important perspective of the consumer to decisions about treatment and recovery.

- **Research to Practice Initiatives**

The Bureau will continue to seek out the latest research on treatment, prevention, and recovery, and disseminate information to the substance abuse field for improvement in treatment outcomes.

- **Teleconference Schedule Planned for 2001**

The Research to Practice Teleconferencing Series will continue in 2001 with topics planned to include Eating Disorders and SA, Post Traumatic Stress and SA, Assessment of Dually Diagnosed clients.

- **County Program Reviews Scheduled in Four Counties**

County quality improvement reviews will continue with four counties scheduled for 2001 (Crawford, Dunn, Kewaunee, and Trempealeau). The focus will be on improving coordination among programs and the clinical aspects of treatment.

- **Continuation of the AODA/Mental Health /Managed Care Demonstration Project**

The Bureau of Substance Abuse Services and the Bureau of Community Mental Health will continue to work with counties and other interested parties to implement Mental Health/AODA Managed Care demonstrations.

- **Information Technology**

The Bureau will continue development of statewide interactive communication through the Internet, electronic mail, education and training networks (ETN) and video conferencing to make the opportunity available to receive the most recent news, training opportunities and treatment information. The Bureau will continue to enhance its newsletter and web site to include interactive opportunities and information access.